

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.627		Application Number	10/680,972-Conf. #6063
		Filing Date	October 7, 2003
		First Named Inventor	Woo YOON
		Examiner Name	H. Shibu
		Art Unit	2621
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	1630-0406PUS1
(\$) 180.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES		SEARCH FEES		EXAMINATION FEES				
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES									
							Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)		Multiple Dependent Claims	
								Fee (\$)	
								Fee Paid (\$)	
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)			
HP = highest number of total claims paid for, if greater than 20.									
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)		Fee Paid (\$)	
- 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____									
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)		
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement							180.00		

SUBMITTED BY			
Signature		Registration No.	40,953
Name (Print/Type)	Esther H. Chong	Telephone	(703) 205-8000
		Date	12/16/09